

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 730466

1. Corporation Name

COLLIER COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

P O BOX 2963
NAPLES FL 34106-2963
US

P O BOX 2963
NAPLES FL 34106-2963
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1974

5. FEI Number

23-7404941

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	KARLE, DR JACKIE Kowalski, Eileen	103 WILDERNESS DR P.O. Box 2963	NAPLES FL Naples, FL 34106-2963
VD	ITALY, DEE MS Steigerwald, Kay	2335 9TH ST. N. #404 13093 Castle Harbour Dr.	NAPLES FL 34103 Naples, FL 34110
SD	STEIGERWALD, KAY Doucet, Sr. Phyllis	13093 CASTLE HARBOUR DR 53 High Point Cir. W. #112	NAPLES, FL 00000 Naples, FL 34103
TD	DECOIL, PRISCILLA Downey, Sharon	2000 12TH STREET NORTH 4167 Pensacola Ave.	NAPLES FL Estero, FL 33928
000003103420--0 -01/20/00--01003--023 *236.25 *****236.25 REINSTATEMENT 99 TS			

8. Name and Address of Current Registered Agent

RON HOGUE, ESQ.
1169 8TH ST. S.
NAPLES FL 34102

9. Name and Address of New Registered Agent

Name

JILL BURZYNSKI

Street Address (P.O. Box Number is Not Acceptable)

1124 GOODLETTE RD

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/11/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sharon Downey, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

941-774-8833

Daytime Phone #

CR2E040 (8/99)